

8. City and State where born: _____

9. In what other cities and states have you lived?

City	State	Dates lived there
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10. Driver's License Number: _____ State of Issuance: _____

11. Marital Status: _____ Spouse's Name: _____

12. Number of Minor Dependents _____ Are you the primary caregiver? ☐ Yes ☐ No

Names

Ages

13. Educational and Vocational Training:

Highest educational level completed _____

Are you currently enrolled in school? ☐ Yes ☐ No

Name of School Currently Attending: _____

14. Have you performed Military service?

☐ Yes ☐ No

Branch _____

15. Emergency Contact:

Name _____ Telephone No. _____

Address _____

Relationship to Applicant _____

16. Defense Attorney:

Name _____ Telephone No. _____

Address _____

17. Present Employment: I am ☐ or I am not ☐ employed.

Employer _____ Telephone No. _____

Address _____

Dates Employed _____ To _____

Occupation _____ Salary _____

18. Employment History: (List employment for the past two years. Begin with last employer. If you need more space, use blank sheet of paper.)

Employer _____ Telephone No. _____

Address _____

Dates Employed _____ To _____

Occupation _____ Reason Left _____

19. Family Household Income:

(The total net income anticipated to be received by all members of the family, before any deduction of wages and salaries. Totals include, but are not limited to, net income from a business or profession, income from real or personal property and compensation for overtime, commission, fees, tips& bonuses.)

A family household consists of:

1. A single person with no dependents.
2. Two or more persons sharing residency who share an immediate relationship created by blood, marriage or operation of law (i.e. spouse, child, brother, sister, parents, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandchildren and "step" relations.
3. Two or more persons sharing residency whose income and resources are jointly available to meet the family's need.

Family Household Size (Number of People):_____ Head of Household: _____

I (applicant) earn \$_____ ☐ weekly ☐ every 2 weeks ☐ twice monthly ☐ monthly

The other members of my family household have a total monthly income of \$_____ from:

☐ Wages ☐ Social Security ☐ Public Assistance ☐ Food Stamps
☐ Pension ☐ Loans/Grants ☐ Unemployment ☐ Disability
☐ Other _____

20. Prior Traffic Offense Record:

(List all Juvenile and Adult traffic incidents, DUI or DWI Arrests, Diversions, Deferred Prosecutions, Convictions, and Expungements in Wisconsin or other states, including those not resulting in formal charges or convictions. Include date of arrest, citation, or incident, arresting or ticketing agency, charge and disposition.)

Offense/Incident	Date	Disposition
1)		
2)		
3)		

21. Prior Criminal Offense Record:

(List all Juvenile and Adult incidents, Arrests, Citations, Prosecutions, Convictions, Expungements, Diversions, or Deferred Prosecution Agreements in Wisconsin or other states, including those not resulting in formal charges or convictions. Include date of incident involved, agency, charge, and disposition.)

Offense/Incident	Date	Disposition
1)		
2)		
3)		

22. Personal References:

Name _____ Telephone No. _____
Address _____
Relationship to Applicant _____

Name _____ Telephone No. _____
Address _____
Relationship to Applicant _____

23. Have you ever attended Alcohol or Drug treatment or counseling, or received an assessment for possible drug or alcohol problems? ☐ Yes ☐ No

If yes, state when, where, and the reason for attendance or assessment:

When _____ Where _____

Reason for attendance/assessment _____

24. Are you currently on any medications? ☐ Yes ☐ No

(If yes, list doctor's name, address, phone number, name of medication, and reason for taking it.)

Name _____ Telephone No. _____

Address _____

Name of medication _____

Reason for medication _____

25. State the circumstances surrounding the offense with which you are charged:

26. Do you feel that you have been charged fairly in this case? ☐ Yes ☐ No

If no, please explain:

I hereby apply for status as a participant in the Diversion Program and request that, if applicable, the District Attorney temporarily delay trial against me in order to permit consideration of this application. I understand it is my responsibility to submit a diversion application in a prompt and timely fashion and within the guidelines set by the 180° Juvenile Diversion to provide the necessary time for my diversion application to receive a full and complete review. I understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the District Attorney and or referral agency.

I authorize the Case Manager to conduct an investigation to determine my suitability for this program.

A false answer or omission of any question in this application shall be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the District Attorney and or referral source will resume prosecution on the original charges.

I understand and agree that in the event it is learned I have falsified or omitted any part of the application for 180° Juvenile Diversion, including, but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Agreement for Pre-Trial Diversion and I may be removed from 180° Juvenile Diversion.

I understand that failure to respond to any question will render the application incomplete and 180° Juvenile Diversion will not consider the application.

I certify that I have personally read or have had read to me the above application and responses thereto and that all information contained in the foregoing application for 180° Juvenile Diversion are true and correct.

Executed on: _____
(Date)

(Applicant's Signature)

I authorize the 180° Juvenile Diversion to conduct a background check of my past employment record. I further authorize 180° Juvenile Diversion to contact any medical, psychological, or substance abuse treatment provider and authorize them to release all information regarding my treatment.

Executed on: _____
(Date)

(Applicant's Signature)

(Parent/Guardian's Signature) If under 18 years old